



PTO/SB/21 (07-06)


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| TRANSMITTAL FORM | | Application Number | | 09/385,802 | |
|--|-------------------------------|---|--------|--|--|
| (to be used for all correspondence after initial filing) | | Filing Date | | August 30, 1999 | |
| | | First Named Inventor | | Donovan | |
| | | Art Unit | | 2512 | |
| | | Examiner Name | | Dohm Chankong | |
| | | Attorney Docket Number | | 4031/1, 15719US00 | |
| Total Number of Pages in This Submission | | | | | |
| ENCLOSURES (check all that apply) | | | | | |
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): | |
| Remarks | | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | |
| Firm or Individual Name | McAndrews Held & Malloy, Ltd. | | | | |
| Name (Print/type) | Joseph M. Barich | Registration No. (Attorney/Agent) | 42,291 | | |
| Signature | | | | Date: October 12, 2006 | |
| EXPRESS MAIL DEPOSIT | | | | | |
| "Express Mail" mailing label number : EV 219880655 US Date of Deposit October 12, 2006. | | | | | |

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| | | | | | | | |
|---|-------------------------|--|---|--------------------------|------------------------------|--------------------------|---------------------------|
| Effective on 12/08/2004 Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818). <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2006</h2> | | Complete if Known | | | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number: 09/385,802 |  | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1,200.00 | | Filing Date: August 30, 1999 | | | | | |
| METHOD OF PAYMENT (check all that apply) | | First Named Inventor: Donovan | | | | | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | | Examiner Name: Dohom Chankong | | | | | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy | | Art Unit: 2512 | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to (check all that apply) | | Attorney Docket No.: 4031/1, 15719US00 | | | | | |
| <input checked="" type="checkbox"/> Charge Fee(s) indicated below | | | | | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17 | | | | | | | |
| <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee | | | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayments | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | |
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | Filing Fees Fee (\$) | Small Entity Fee (\$) | Search Fees Fee (\$) | Small Entity Fee (\$) | Examination Fees Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | Small Entity |
| Fee Description | | | | | | | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | | 50 |
| Each independent claim over 3 (including Reissues) | | | | | | | 200 |
| Multiple dependent claims | | | | | | | 360 |
| Total Claims | | | | | | | Fee Paid (\$) |
| -20 or HP x = | | | | | | | Multiple Dependent Claims |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | | Fee |
| Indep. Claims | | | | | | | Fee Paid (\$) |
| -3 or HP x = | | | | | | | Fee Paid (\$) |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | |
| -100 | /50 | (round up to a whole number) x | = | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | Fee Paid (\$) |
| Other (e.g., late filing surcharge): | | | | | | | 180.00 |
| Information Disclosure Statement after Office Action | | | | | | | 1020.00 |
| Petition for 3-month Extension of Time | | | | | | | |
| SUBMITTED BY | | | | | | | |
| Signature | Registration No. | | 42,291 | Telephone | (312)775-8000 | | |
| Name (print/type) | Joseph M. Barich | | Date | October 12, 2006 | | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.